



AP/ IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Roberto Bez and Alessandro Grossi
Title: PROCESS FOR SELF-ALIGNED MANUFACTURE OF INTEGRATED ELECTRONIC DEVICES
Serial No.: 10/713,538
Filing Date: November 14, 2003
Examiner/Unit: Bradley Smith / 2829
Attorney Docket No.: 2110-062-03

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 3rd day of January, 2007.

Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

☐ The fee has been calculated as shown below:

☒ No additional claim fee is required.

Computation of Fee
For Claims as Amended

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>		<u>Rate</u>		<u>Addl. Fee</u>
Total Claims		Minus	48 =		0 x		\$50/\$25 =		\$
Independent Claims		Minus	6 =		0 x		\$200/\$100 =		\$
Total additional fee for this amendment									\$

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$ _____ for the additional claim fee is enclosed.

XX A Request for Extension of Time for two months with Check No. 27099 for \$450 are enclosed.

_____ Charge \$ _____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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